Notice of Independent Review Decision - WC
IRO REVIEWER REPORT – WC

DATE OF REVIEW: 08/01/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Work Conditioning Program, Initial 2 Hours and Work Conditioning Each Additional Hour

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Certified by the American Board of Anesthesiology
Certified by the American Board of Anesthesiology/Pain Management
Fellowship Trained in Pain Management

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Work Conditioning Program, Initial 2 Hours and Work Conditioning Each Additional Hour – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- New WorkComp Patient Consult, Orthopedic & Sports Medicine, 04/04/11
- WorkComp Follow up Office Visit, Orthopedic & Sports Medicine, 04/18/11, 05/09/11, 05/31/11, 06/15/11, 06/28/11, 07/21/11, 07/26/11, 08/23/11, 09/22/11, 10/20/11, 11/21/11
- Cervical Spine MRI, Orthopedic and Sports Medicine, 07/22/11
- Consultation, Back Institute, 01/13/12
- Follow Up, Back Institute, 02/22/12

- Functional Capacity Evaluation (FCE), Back Institute, 03/22/11
- Initial Evaluation, Rehab Management, 05/16/12
- Plan of Care, Rehab Management, 05/16/12
- Denial Letters, IMO, 05/29/12, 06/08/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured on xx/xx/xx while working. She apparently got her arm caught in the window of a car; when that car abruptly pulled away, causing the patient to be dragged on the ground for an unknown period of time. She sustained bruises of her upper and lower extremities and an injury to her left index finger, but no loss of consciousness.

She presented to Dr., an orthopedist, on 04/04/11, complaining of left index finger pain. Dr. reviewed x-rays that demonstrated no abnormalities whatsoever of that digit. He recommended buddy-taping the finger and follow up in a couple of weeks.

The patient followed up with Dr. on 04/18/11, stating she was doing better. She now complained of left shoulder pain. Dr. recommended stretching and icing and consideration of physical therapy.

On 05/09/11, Dr. again followed up with the patient, noting the patient's improvement in left shoulder pain. He recommended continued rehabilitation and starting formal physical therapy.

On 05/31/11, Dr. again followed up with the patient, again recommending more physical therapy.

On 06/15/11, Dr. followed up with the patient, noting that she had an episode the day before during physical therapy of sudden spasm pain and tenderness in the midback extending to her scapula. The physical examination showed nonspecific rhomboid and latissimus dorsi spasming. He started her on Flexeril and recommended resuming physical therapy in a few days.

On 06/28/11, Dr. again followed up with the patient, stating "her symptoms are improving," and recommending continued formal physical therapy.

Due to ongoing complaints of neck pain with physical examination evidence of trigger points in the left periscapular muscles, Dr. ordered a cervical MRI on 07/22/11 that demonstrated moderate C5-C6 disc degeneration with mild facet arthrosis and mild canal stenosis, and C6-C7 disc protrusion with mild facet arthrosis and mild canal stenosis, but no definitive nerve root compression, and no other abnormal findings.

Dr. followed up with the patient on 07/26/11, reviewing the MRI and noting that it showed disc degeneration and the C6-C7 protrusion. He recommended referring the patient to pain management for epidural steroid injections (ESIs).

On 09/22/11, the patient followed up with Dr., who noted she was now six months out from her injury. He noted that she was scheduled for an ESI the following day, but that the patient's hand and upper extremity pain was "doing better with therapy and time."

On 10/20/11, Dr. followed up with the patient after her first cervical ESI, noting she was scheduled for a second one the following day. Her left hand pain was said to be doing "quite a bit better" and the patient was now doing home therapy for that pain.

On 11/21/11, Dr. followed up with the patient, now stating that neither of the two ESIs performed by Dr. had helped. She was still doing home exercises for the left hand, but complained of difficulty flexing the pinky and long finger.

On 01/13/12, the patient was seen by Dr. for her ongoing neck pain despite facet injections that he had performed "a couple of weeks ago" with no relief. Dr. noted, therefore, that neither of two ESIs nor facet injections had provided the patient any relief of her neck pain. He noted the patient was five feet tall and weighed 180 pounds. The physical examination documented normal strength, no swelling, and a negative Spurling's maneuver. He diagnosed the patient with neck pain "without radiculopathy" and noted that a surgical evaluation with Dr. had excluded her as a candidate for surgery. He, therefore, recommended a trial of chiropractic treatment.

On 02/22/12, the patient followed up with Dr., stating that six sessions of chiropractic treatment had helped her more than anything previously. She was also taking Gabapentin, which the patient stated was also helpful. Dr. recommended up to eighteen total chiropractic treatments continuing with Chiropractor.

On 04/30/12, a Functional Capacity Evaluation (FCE) was performed at the request of Dr. It demonstrated that the patient was "currently functioning at a light-medium physical demand level. This level is adequate for the job requirements." The physical therapist, however, recommended two to three weeks of work conditioning despite the fact that the patient met return-to-work criteria. The physical therapist further noted that the patient's subjective pain complaints were only "intermittent aching in the left neck and shoulder."

On 05/16/12, another physical therapist recommended work conditioning for four weeks at a frequency of two to three times per week. The initial review by a physician advisor on 05/29/12 recommended non-authorization of the request, citing the patient having completed a combined total of 36 physical therapy sessions and six chiropractic therapy treatments, which exceeded ODG recommendations. The recommendation was made for an independent self-directed home exercise program.

A second physician advisor reviewed the request for reconsideration on 06/08/12, also recommending non-authorization of the work conditioning program, citing both the amount of physical therapy that had already been done and the FCE results confirming the patient's ability to return to work at her required physical demand level.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient, as it has been pointed out, received more physical and chiropractic therapy sessions than would be normally supported by ODG treatment guidelines. Moreover, the patient recently had an FCE, which clearly demonstrated her ability to meet the physical demands of her job and, therefore, her ability to return to work at that physical demand level. Therefore, the request for the initial two hours and each additional hour of work conditioning (two to three sessions per week, for four hours a day, for a total of four weeks) is clearly not medically reasonable or necessary to return the patient to a return to work status, a status which the FCE clearly demonstrates she currently has. Moreover, the requested amount of work conditioning exceeds Official Disability Guideline recommendations. Therefore, the prior recommendations for non-authorization of this requested treatment by two separate physician advisors are upheld. The patient does not demonstrate a functional capacity deficit or inability to return to work at her required physical demand level according to a recent FCE.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**